



Board Member | Board Alternate | Committee Member
Travel Expense Claim Form

Meeting(s) Attended _____

Date(s) _____ Location _____

To receive reimbursement for travel expenses incurred while attending the LGMA meeting(s) listed above complete the information below. Sign the claim, attach necessary receipts and return to LGMA staff.

Means of Travel	Amount of Expense
Personal car mileage _____ @\$0.55 per mile Personal car mileage is reimbursed at the currently allowable IRS rate.	_____
Rental Car (\$75/day maximum) Attach original receipt	_____
Commercial Airline (\$600/day maximum) Attach original receipt	_____
Private or Chartered Aircraft \$400 per person – up to 400 miles roundtrip \$600 per person – over 400 miles roundtrip When transporting other board members attach a signed sheet stating all passengers	_____
Hotel Room and Tax (\$150/day maximum) Attach original receipt	_____
Meals For each day of travel to attend the meeting(s), put check marks on the appropriate lines for meals that you paid for. If you paid for another member's meal, please indicate their name. Date _____ <input type="checkbox"/> Breakfast \$10 <input type="checkbox"/> Lunch \$15 <input type="checkbox"/> Dinner \$30 Date _____ <input type="checkbox"/> Breakfast \$10 <input type="checkbox"/> Lunch \$15 <input type="checkbox"/> Dinner \$30	_____
Parking Attach receipt for charges in excess of \$10	_____
Airport Taxi	_____
Tolls	_____
Total Expenses Claimed	_____

Name _____ Signature _____ Date _____

Make check payable to:
